

02/26/02

Please type a plus sign (+) inside this box

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.	ORT-1586
First Inventor		Stephen A. Ulrich et al.
Title		TASTE MASKED PHARMACEUTICAL FORMULATIONS
Express Mail Label No.		EL710839283US

Only for new nonprovisional applications under 37 CFR 1.53(b))

02-28-02

A

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
3. Specification [Total Pages 21]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s)(35 USC 113) [Total Sheets]
5. Oath or Declaration [Total Pages 3]
 - a. Unexecuted (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Non-Provisional Continuation Divisional Continuation-in-Part (CIP) of prior application No.: 60/273,473, filed March 5, 2001.

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

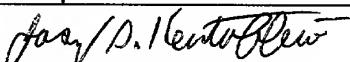
Customer Number or Bar Code Label 000027777 or Correspondence Address below

Name: Philip S. Johnson, Esq.
 Address: Johnson & Johnson
 One Johnson & Johnson Plaza
 New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Ellen Ciambrone Coletti at:
 Telephone: (732) 524-2359 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Joseph Kentoffio	Reg. No. 33,189
SIGNATURE		
DATE	February 26, 2002	

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney *(when there is an assignee)*
11. English Translation Document *(if applicable)*
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other

1002 U.S.P.T.O.
10/083775
02/26/02

FEE TRANSMITTAL

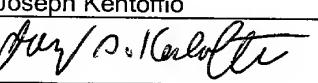
Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Stephen A. Ulrich et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	ORT-1586

FEE CALCULATION**CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	14 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 740.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ORT-1586/ECC in the amount of \$740.00.
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1586/ECC. Three copies of this sheet are enclosed.

SUBMITTED BY:			Complete (if applicable)
Typed or Printed Name	Joseph Kentoffio		Reg. No. 33,189
Signature		Date: 2/26/02	Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Stephen A. Ulrich and Karen R. Zimm

For : TASTE MASKED PHARMACEUTICAL FORMULATIONS

Express Mail Certificate

"Express Mail" mailing number: EL710839283US

Date of Deposit: February 26, 2002

I hereby certify that this complete application, including specification pages, claims, Declaration and Power of Attorney, and transmittal letter, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan
(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)